

CITY COUNCIL REPORT



Meeting Date: July 1, 2013
General Plan Element: **Land Use**
General Plan Goal: **Support a diversity of businesses.**

ACTION

Agent Change for W Scottsdale 35-LL-2013. To consider forwarding a recommendation to the Arizona Department of Liquor Licenses and Control for an Agent Change for an existing Series 6 (bar) liquor license.

OWNER

Triyar Entertainment Scottsdale, LLC

APPLICANT CONTACT

Joseph Hubay Dies

LOCATION

7277 E Camelback Rd

BACKGROUND

This request is for an Agent Change of a Series 6 (bar) liquor license. The W Scottsdale has been operating at this location since 2007.

APPLICANT'S PROPOSAL

Goal/Purpose of Request

The applicant is seeking a favorable recommendation on an Agent Change of a Series 6 (bar) liquor license for W Scottsdale. Joseph Hubay Dies will be replacing Todd Grobstein as the Agent.

STATE GUIDELINES FOR CONSIDERING AN APPLICATION

A.R.S. Section 4-203 Granting an Agent Change.

The new agent must submit an application to the Arizona Department of Liquor Licenses & Control, which is then forwarded to the local governing body. The local governing body of the city, town or county may protest the acquisition of control within sixty days based on the capability, reliability and qualification of the person acquiring control.

OTHER LICENSES & PERMITS

Financial Management

Revenue Collection has reported that the applicant has met City licensing requirements and all fees have been paid.

Spirituos Liquor Tax Permit # Pending.

Scottsdale Transaction Privilege Sales Tax License # Pending.

IMPACT ANALYSIS

Public Safety Division.

Police Department: Recommendation No Opposition.

Major life safety issues: None noted.

Code Enforcement: There are no current cases of code violations at this time in relation to the liquor license.

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

The City Council has the option of recommending approval, denial or no recommendation to the Arizona Department of Liquor Licenses and Control.

Staff Recommendation

The City of Scottsdale staff has conducted a review and advises that the license request meets the criteria imposed for determining the capability, qualifications and reliability of the applicant.

Next Steps

The City Council's recommendation of approval, denial or no recommendation will be forwarded to the Department of Liquor Licenses and Control for their consideration.

RESPONSIBLE DEPARTMENT(S)

Planning, Neighborhood and Transportation Division

Public Safety Division

Economic Vitality Division

STAFF CONTACTS (S)

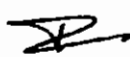
Teri Gleason, Planning Assistant, tgleason@scottsdaleaz.gov
Planning, Neighborhood and Transportation Division

James Wasson, Lieutenant, Special Assignment, jwasson@scottsdaleaz.gov
Public Safety Division

Raun Keagy, Planning, Neighborhood and Transportation Director, rkeagy@scottsdaleaz.gov
Planning, Neighborhood and Transportation

APPROVED BY

Tim Curtis, AICP, Current Planning Director
312-4210 tcurtis@scottsdaleaz.gov



6/12/2013

Randy Grant, PNT Administrator
312-2664, rgrant@scottsdaleaz.gov



6/13/13

ATTACHMENTS

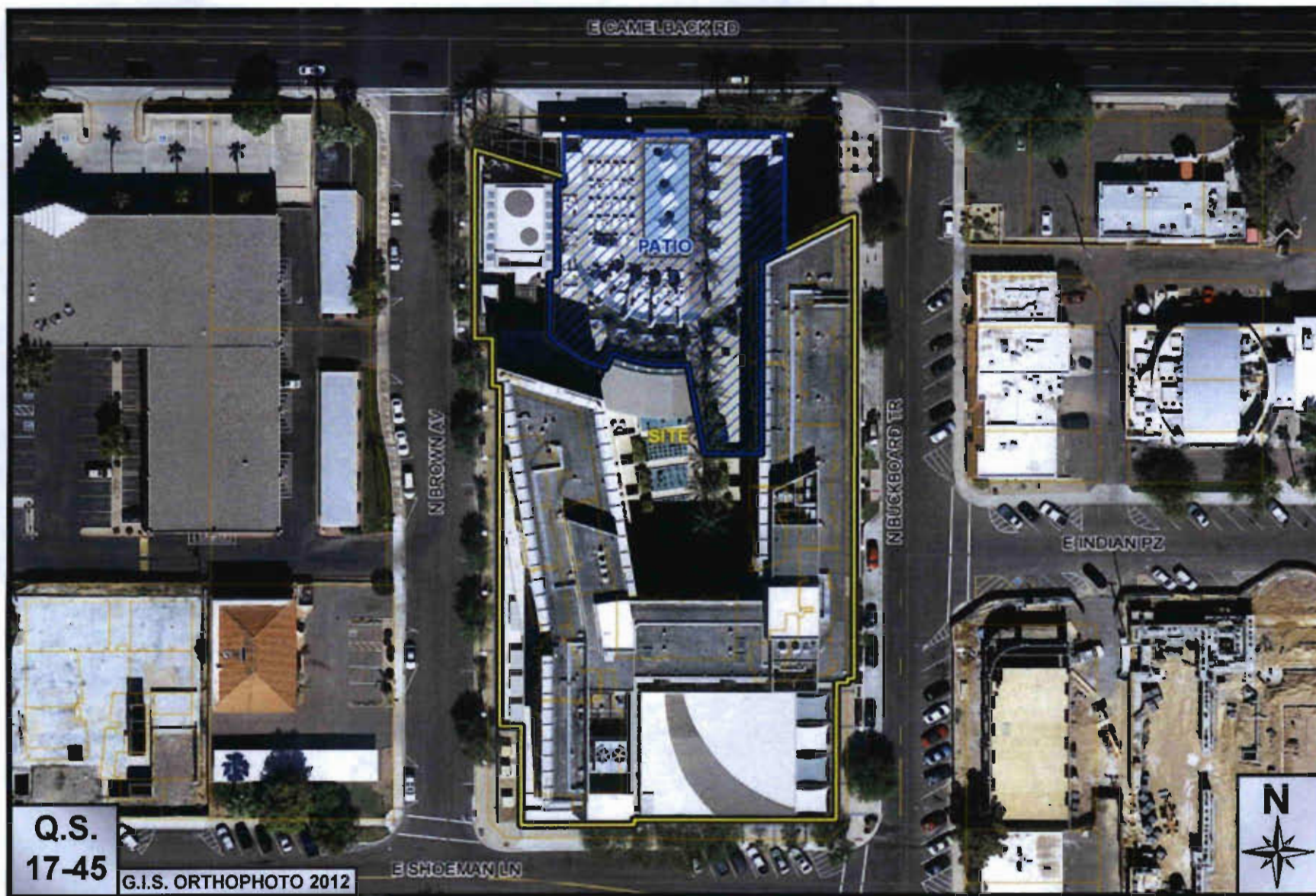
- #1: Vicinity Map
- #2: Aerial Map
- #3: State Application



G.I.S. ORTHOPHOTO 2012

W Scottsdale

ATTACHMENT #1



35-LL-2013

W Scottsdale

ATTACHMENT #2

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
www.azliquor.gov
(602) 542-5141

35-L-2013

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

Check
Appropriate
Box

☒ Agent Change

Complete Sections 1,2,3,4,6
(See Note 1 on back)

☐ Acquisition of Control

Complete Sections 1,2, (3,4 if changing Agent), 6

☐ Restructure

Complete Sections 1,2,(3,4 if changing Agent) ,5,6
(See Note 2 on back)

SECTION 1 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name (INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER)

DIES

JOSEPH

HUBAY

06070071

Last

First

Middle

Liquor License #

2. ☐ Corporation ☒ L.L.C. ☐ N/A: Triyar Entertainment Scottsdale I, L.L.C. Corp. File #: L-1421633-6

(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: W Scottsdale

4. Business Address: 7277 E. Camelback Rd., Scottsdale, Maricopa 85251
(Exactly as it appears on license)

(Do not use P.O. Box Number)

City

COUNTY

Zip

5. Is the business located within the incorporated limits of the above city or town? ☒ Yes ☐ No

6. Mailing Address: 4501 N. Scottsdale Rd., #201, Attn: Jason Creed Scottsdale, AZ 85251

City

State

Zip

7. Business Phone: (480) 451-0049

Residence Phone: (480) 970-2119

8. Does this transaction involve the sale of any portion of the corporate stock? ☐ YES ☒ NO ☐ N/A If yes, submit a certified copy of minutes.

9. Has there been any change of officers? ☐ YES ☒ NO ☐ N/A If yes, submit a certified copy of minutes.

SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each person listed in Section II must submit a personal questionnaire (Form LIC0101) and a Department approved fingerprint card which may be obtained at the Dept. A person appearing in both lists need only submit one questionnaire and fingerprint card.

1. List individual owner or partners or all directors, officers in corp., members in LLC:

Last	First	Middle	Title	Residence Address	City	State	Zip
Triyar Entertainment AZ, LLC			Sole MBR	4501 N. Scottsdale Rd., Scottsdale, AZ 85251			

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders or controlling members owning 10% or more of Corp/LLC:

Last	First	Middle	% Owned	Residence Address	City	State	Zip
Triyar Entertainment AZ, LLC			100%	4501 N. Scottsdale Rd., Scottsdale, AZ 85251			

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Disabled individuals requiring special accommodations please call the Department

1/7/2013

Date Received 5/20/13

by M.O.

ATTACHMENT #3

SECTION 3

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. If the corporation/L.L.C. is owned by another entity, ATTACH AN OWNERSHIP AND DIRECTOR / OFFICER / MEMBER DISCLOSURE for the parent entity. Attach additional sheets as necessary in order to disclose real people.

As an Agent, will you be physically present and operating the licensed premises? ☒ YES ☐ NO

If you answered YES, you must provide proof of attendance of a Department approved Liquor Law Training Course within the last five years before your application for Agent can be submitted. If "no" a manager with approved training must be submitted.

SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

1. License Number: 06070071 Date of last renewal: January 31, 2013
2. Current Licensee or Agent: GROBSTEIN TODD GARY
- (Exactly as it appears on license) Last First Middle

I, Shahrood Yari (NONE), hereby consent to the agent appointment named herein and

(Print full name)

agree to immediately assign a new agent in the event of the death, resignation, or discharge of this agent. I also understand that if the background report shows that I, the corporation, or any officer, director, member, or stockholder have been convicted of a felony in the past five (5) years, I will immediately surrender the license to the Arizona Department of Liquor Licenses and Control and hereby waive all rights to appeal such action.

X [Signature]
(Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER)

State of CALIFORNIA County of LOS ANGELES

The foregoing instrument was acknowledged before me this

9TH day of May, 2013
Day Month Year

My commission expires on:

11/3/16

[Signature]
(Signature of NOTARY PUBLIC) (See attached)

SECTION 5

(COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? ☐ YES ☐ NO If yes, SEPARATE APPLICATIONS must be filed and fees paid for each license/location.

Type of current ownership:

- ☐ J.T.W.R.O.S.
☐ INDIVIDUAL
☐ PARTNERSHIP
☐ CORPORATION
☐ LIMITED LIABILITY CO.
☐ TRUST
☐ OTHER Explain _____

Type of new ownership:

- ☐ J.T.W.R.O.S.
☐ INDIVIDUAL
☐ PARTNERSHIP
☐ CORPORATION
☐ LIMITED LIABILITY CO.
☐ TRUST
☐ OTHER Explain _____

SECTION 6

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER as listed in Question 1 Section 1:

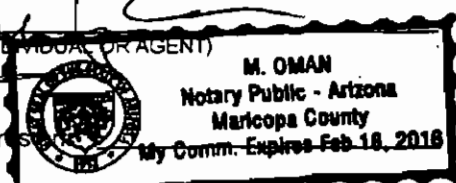
I, JOSEPH HUBAY DIES, hereby declare that I am the APPLICANT filing this application.
(Print full name)

have read the application and the contents and all statements are true, correct and complete.

X [Signature] State of Arizona County of Maricopa
(Signature of INDIVIDUAL OR AGENT)

The foregoing instrument was acknowledged before me this
10 day of May, 2013
Day Month Year

My commission expires on:



[Signature]
(Signature of NOTARY PUBLIC)

NOTE 1: The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H)

NOTE 2: The \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

MAY 20 2013, Dept PM 2:52

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

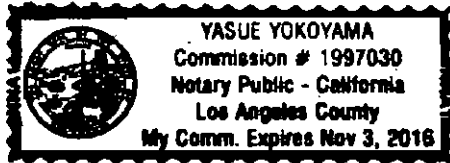
CIVIL CODE § 1189

State of California

County of LOS ANGELES

On 5/9/13 before me, YASUE YOKOYAMA
Date Here Insert Name and Title of the Officer

personally appeared SHAHROD YARI
Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature: Yasue Yokoyama
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Individual

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Individual

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

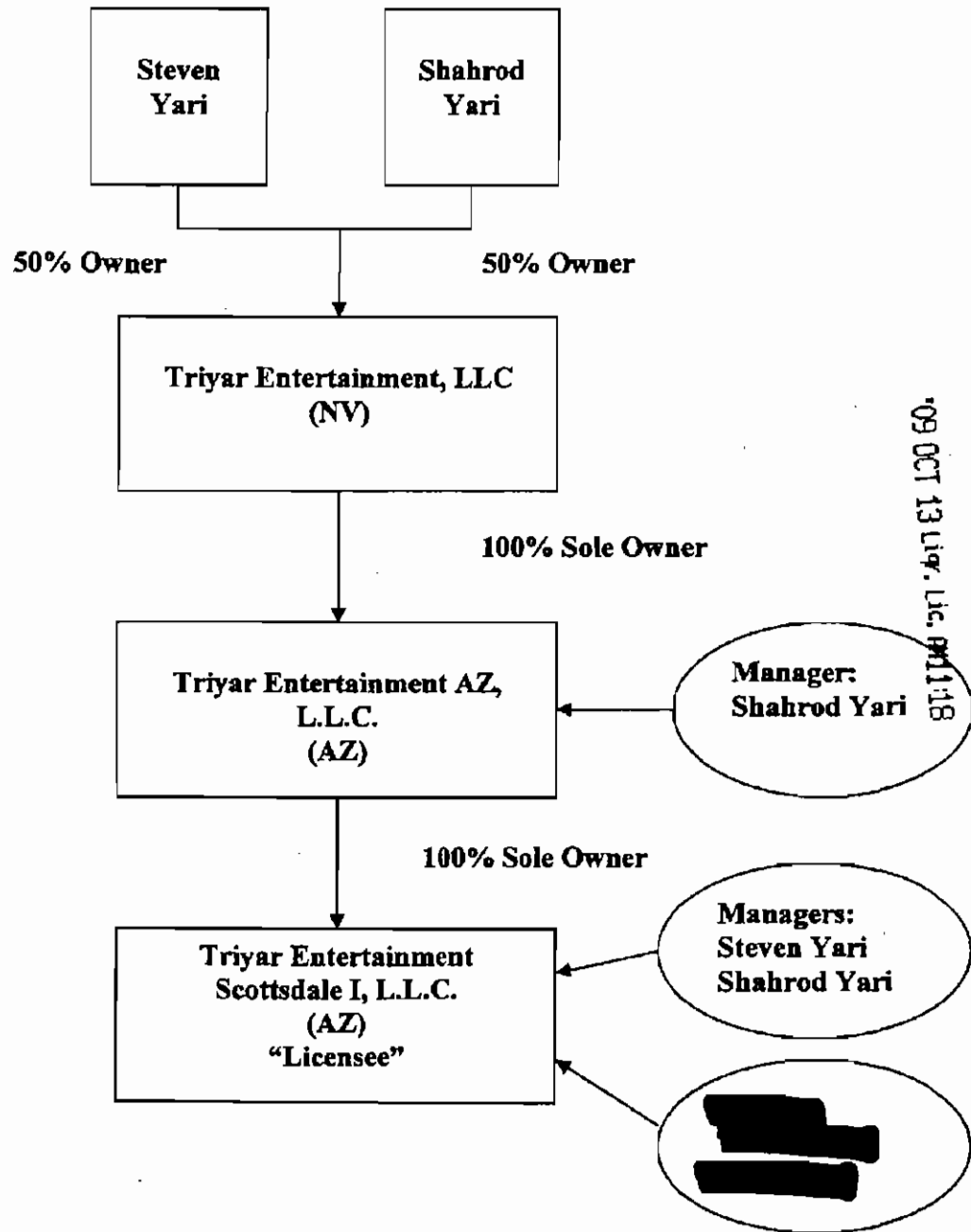
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

13 MAY 20 11:47 AM '13

**TRIYAR ENTERTAINMENT SCOTTSDALE I, L.L.C.
OWNERSHIP STRUCTURE**



13 MAY 20 11:49 AM 2:52
09 OCT 13 11:49 AM 11:18